(1), (3), (11), (12), (27), (28), (30), (41) & (45).

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT

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REA	ASON	IGRADE	Inspection	CONTRACTOR OF THE PARTY OF THE	ESTABLISHMENT NAME:	CONTROL TO SUC	PRIME SOURCE	CE Beword SO			
Regular	1./	OIVE	2/6/2018		CHODE						
Follow-Up		100	Time In		IOWNER/OPERATOR:						
Complair		39	bases and read	Emulai san	CHODE, INCORPORATED about too evolution vilonimo						
Investiga		RATING	10:40 AM	5 900pm	LOCATION: Lot 2 BLK7	nent Type:					
Other:		0	Sanitary P	ermit No.:	Abang, Ghan	facturer system					
			2000-17000 27 PERMIT STATUS: Valid Ten				трогагу	Expired			
or sooner,	as the Dep	partment indi	cates. Non-c	ompliance r	operations and facilities which may result in downgrading or pericorrection date.						
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# 4					AING FOOD PRODUCTS		ura alnima	2/16/2018			
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have re					and I am aware of the co	The state of the s					
			ollowing ite		Received By (Name & Title):		/~~	bengies Cl. ch.			
			e corrected		Sheila San Lo		(1)	30 Cross-Conf			
1			spection:		DEH Inspector (Name & Die						

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT Inspection Date: ESTABLISHMENT NAME: REASON GRADE Regular Time In Time Out OWNER/OPERATOR: Follow-Up 39 HOVE, INCORPORATED LOCATION: Lot 2 plk7 Establishment Type: Sanitary Permit No.: A GARA, GERM PROPERTIES Complaint RATING Investigation Other: 20000- 17046 2578 PERMIT STATUS: 1/ Valid Temporary The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date. ITEM* TO ENSURE FUND PRODUCTS ARE HELD AT THE DROPER TEMPERATURE. THERMOMETERS NOT WORKING PROPERLY #5 ALL THERMOMETERS SHALL BE WORKING PROPERLY TO ENSURE GOD PRODUCTS ARE HELD AT THE PROPER TEMPERATURE. EMPLOYEE NOT WASHING HANDS IN BETWEEN TASKS HIZ EMPLOYEER SHALL WASH THEIR HANDS AS OFTEN AS NEEDED TO PREVENT ANY CONTAKINATION OF FOOD/EQUIPMENT. MANUEL WARE WASHING FACILITY (3 COMPARTMENT TINK) #16 NOT BEING USED AND ONE OF THE KNUBS ON +HE FALLET IS IN DISREPAR. ALL WAREWASHING FACILITIES SHALL BE IN GOOD READIN AND WORKING ORDER TO ACCOUNTHOROUGH CLEANING 8F EQUIPMENT ! CHEMICAL TEST KITS NOT PROVINCED, 2/16/2018 #17 CHEMICAL TEST KITS SHALL BE PROVIDED TO ENSURE SANITIZER IS AT THE PROPER STRENGTH have read and understand the above violation(s) and I am aware of the corrective measures that I must take *Note: When any of the following items are Received By (Name & Title): Sheila Sai As Klee cited above, they shall be corrected within DEH Inspector (Name & Title) 10 days of this inspection: (1), (3), (11), (12), (27), (28), (30), (41) & (45). Derien Mitchell ENG-II (hie talkase E146+ Terone Garcia Epro-1 M. +ann (107 FOND-

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Follow-Up		Time In Time Out OWNER/OPERATOR:						1.1/.0	(1.2.2) 24.4 (C)			
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Investigat Other:	uon	PATING	Sanitary Permit No.:		LOCATION: LUT 2 BUL 7 Establishm Agans, 64an					ant type:		
		(30	20000-	170002574	PERMIT STATUS: Valid Te					emporary Expired		
			ons found thi	s day in the	operatio	s and fac	ilities wh	ich must	be corrected	by the next in	spection,	
							rading o	r permit :	suspension.	To appeal, a v	vritten	
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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT REASON GRADE Inspection Date: ESTABLISHMENT NAME: 2/6/2018 Regular CHINE Time In Time Out OWNER/OPERATOR: Follow-Up 10 48 Am 3: 30 p. LOCATION: Lot 2 BUC7 Establishment Type: Complaint Investigation RATING Sanitary Permit No.: Agana, Guan Other: Manhea Cthro 20000 17060167 PERMIT STATUS: Valid The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date. ITEM* TO DREVENT ANY BACK-UP OF CEWAGE #35 OBSERUED ONE LOUCRUACH SELF-CLOSING DELICE 16/2014 NOT PROVIDED GR THE EXIT DOOR NEAR THE EQUIPMENT STORAGE SHELVES. GAPS IN THE EXIT WOR NEAR THE EQUIPMENT STORAGE SHELVES, THE PRESENCE OF PESTS / OUTER OPENINGS SHALBE PREVENTED TO PREVENT CONTAMINATION OF FOOD/FOURMENT ACCUMULATION OF SOIL ON FLOOR NEAR THE STOVE FLUORS SHAL BE CLEANED AS OFTEN AS NEODED TO PREVENT THE ATTRACTION OF PESTS. #37 ACCUMULATION OF GREASE ON WALLS NEAR THE STOVE. DIL WALLS SHALL BE CLEANED AT OFTEN AS NEEDED #42 UNNECESSARY ARTICLES LOCATED OUTSIDE OF THE EXIT DOOR NEAR THE FOURMENT STORAGE SUELUES AND NEAR THE MIP SINK AIL UNNECESTARY ARTICLES SHALL BE REMOVED TO PREVENT THE ATTRACTION OF PETTS/ DILUW +40RODGH CLEANING have read and understand the above violation(s) and I am aware of the corrective measures that I must take. Received By Name & Title): *Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection: Derien Ather Epura die talle Epuationen Conse Enor | M Jany CHE EPHOI. (1), (3), (11), (12), (27), (28), (30), (41) & (45).

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT INSPECTION REPORT GRADE Inspection Date: ESTABLISHMENT NAME: CHODE REASON Regular Time In Time Out OWNER/OPERATOR: Follow-Up Time In Time Out OVVNEROFERS TON. (NO) E, I WGR PORTED LOCATION: W 2 Blk 7 Establishment Type: Sanitary Permit No.: Agas, Gr. (Santary Location) Complaint Investigation Sanitary Permit No.: A year, 640 Other: 20080-17000 1570 PERMIT STATUS: / Valid The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection. or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date. ITEM* NOTE: EQUIPMENT / UTENSILS BEING WASHED AND STORES IN AM AREA NOT APPROVED FOR THIS ESTABLISHMENTS SANITARY PERAIT. ALL EQUIPMENT/UTENSIES SHALL BE WASHED IN THE EXTABLISHMENT AREM THAT ARE APPROVED BY DPHSS. NO FOOD OPERATIONS SHALL BE CONDUCTED IN AREAS NOT APPLOVED DY DPHSS PHOTOS WERE TAKEN REPOVED A PLACED NO! OLOGA ISINES "C" PLAURD No: 00707 MULTINES LETTER OF WARNING DISCUSSED INIPECTION REPORT WITH PERSON IN MARGE have read and understand the above violation(s) and I am aware of the corrective measures that I must take. *Note: When any of the following items are Received By (Name & Title): cited above, they shall be corrected within Such Sa DEH Inspector (Mame & Title): 10 days of this inspection: Derier Mitoler Folton II Chie Tallan Ello 1 -(1), (3), (11), (12), (27), (28), (30), (41) & (45),